

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
D.I.P.E. CLASSIFIER	NK	989	10 279-91
FORMALITY REVIEW			3110
RESPONSE FORMALITY REVIEW	JK	R35	05/09/01

INDEX OF CLAIMS

Rejected	N	Non-elected
Allowed	I	Interference
(Through numeral), Canceled	A	Appeal
Restricted	O	Objected

Claim	Final	Date
1	Original	10/10/00
2	Original	10/10/00
3	Original	10/10/00
4	Original	10/10/00
5	Original	10/10/00
6	Original	10/10/00
7	Original	10/10/00
8	Original	10/10/00
9	Original	10/10/00
10	Original	10/10/00
11	Original	10/10/00
12	Original	10/10/00
13	Original	10/10/00
14	Original	10/10/00
15	Original	10/10/00
16	Original	10/10/00
17	Original	10/10/00
18	Original	10/10/00
19	Original	10/10/00
20	Original	10/10/00
21	Original	10/10/00
22	Original	10/10/00
23	Original	10/10/00
24	Original	10/10/00
25	Original	10/10/00
26	Original	10/10/00
27	Original	10/10/00
28	Original	10/10/00
29	Original	10/10/00
30	Original	10/10/00
31	Original	10/10/00
32	Original	10/10/00
33	Original	10/10/00
34	Original	10/10/00
35	Original	10/10/00
36	Original	10/10/00
37	Original	10/10/00
38	Original	10/10/00
39	Original	10/10/00
40	Original	10/10/00
41	Original	10/10/00
42	Original	10/10/00
43	Original	10/10/00
44	Original	10/10/00
45	Original	10/10/00
46	Original	10/10/00
47	Original	10/10/00
48	Original	10/10/00
49	Original	10/10/00
50	Original	10/10/00

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

Best Available Copy